OECD HIGH-LEVEL POLICY FORUM ON MENTAL HEALTH AND WORK

The Hague, 4 March, 2015

Issues for Discussion

OECD
BETTER POLICIES FOR BETTER LIVES

Ministry of Social Affairs and Employment

Ministry of Health, Welfare and Sport

OECD High-Level Policy Forum on Mental Health and Work

Bridging Employment and Health Policies

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The longer a person is out of work, the more difficult it becomes to return; the first three months offer the best chances to get back to work (Figure 1). The return-to-work journey takes longer for people who suffer from mental ill-health. Yet being out of work is often detrimental for people with poor mental health as it can make their health deteriorate further, delaying their return to work and increasing the likelihood of them giving up on work altogether. Employment and health services need to act fast when someone reports poor mental health in order to keep them in work, but all too often they do not. Mental health often remains at the margins of health and employment services – under-resourced, and undervalued.

Key facts

- *Most mental illnesses have their onset in childhood and adolescence*
- *Across OECD countries, mental disorders account for 30-50% of all disability benefit claims*
- *One in three unemployment benefit recipients suffers from mental illness*
- *More than half of all people with mental illness remain untreated*

Across OECD countries, effective sickness management policies, if they exist, are often implemented poorly. Employers usually have limited financial incentives and legal obligations to follow up and support sick-listed employees. Similarly, little is being done to encourage general practitioners – the gatekeepers of sickness and disability systems in many OECD countries – to help sick employees in their return-to-work journey.

Even worse, very few unemployment systems are equipped to deal with mental health problems of jobseekers despite the high incidence of such problems. Adequate tools to identify mental health problems are often lacking, and benefit and employment staff are usually not trained or given clear guidelines about what they should do when problems arise.

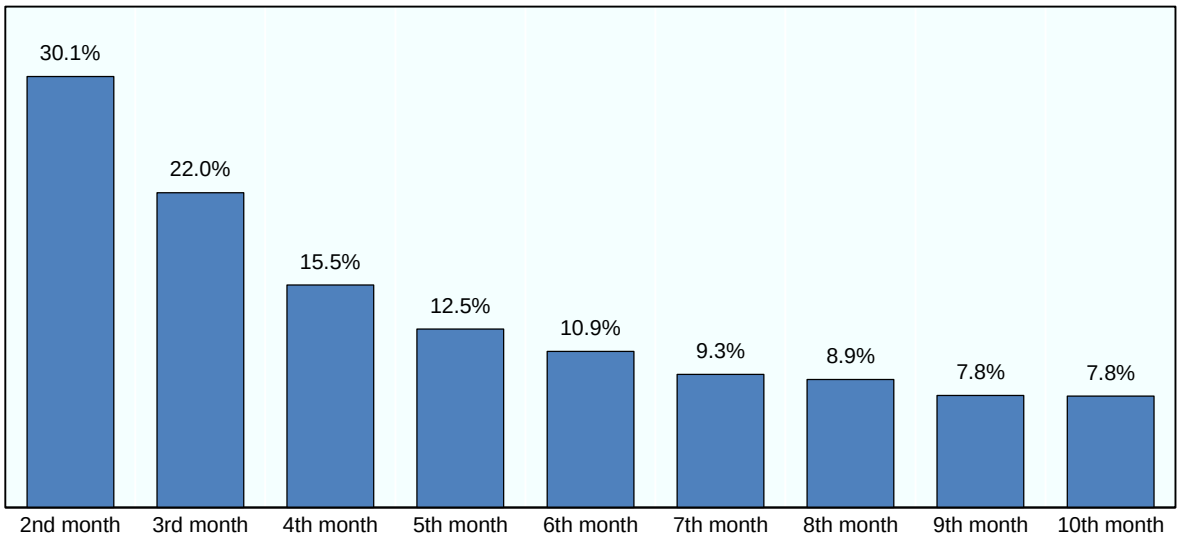
A swift return to work can only be achieved if sick employees and jobseekers with mental health problems can get counselling and access treatment at the right time. Yet, fewer than half of all people currently suffering from a mental disorder in OECD countries are actually being treated. Among those who are, many receive insufficient or inadequate treatment. For example, medication is provided far more often than psychotherapy even though a combination of both has been shown to be most appropriate for mental illnesses such as depression and anxiety.

Timely access to adequate treatment, effective tools to identify mental health problems early and stronger work retention incentives all equally matter for preventing people with mental ill-health from ending up permanently on a disability benefit. Having a health condition need not necessarily prevent someone from working if the right support can be provided. However, in the past, disability benefit systems have exempted disability benefit claimants from participation and job-seeking requirements, and especially so when mental ill-health has been diagnosed. People have been pushed out of work, rather than supported into it. This has to change.

For many, the onset of mental illness begins when they are at school. School-based prevention policies are therefore important. Policy makers are only just beginning to realise that in addition it is important to reach vulnerable youth in their transition to the labour market. Early school leavers and youth neither in education nor in employment and training (the "NEET" group) are at a high risk of becoming marginalised, particularly if they have poor mental health. Yet it is among young people that rates of under-treatment are highest and waiting times for counselling or therapy longest. Mental ill-health is now the major cause of the rising number of youth resorting to disability benefits; a worrying trend in the current environment in which labour market prospects for youth remain bleak.

Figure 1. ***The chances of getting back to work fall sharply after three months***

Monthly return-to-work rates of people on sick leave with a mental illness



Note: Data refer to people taking sick leave in Sweden in 2006.
Source: Adapted from OECD (2015), *Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work*, Figure 4.4.

This session will offer the opportunity to discuss the need for early action and intervention to facilitate a quick return to work and identify specific challenges faced by vulnerable youth.

Questions for discussion

- **Theme 1: Return to work: Supporting workers to keep and find new jobs**
- *What type of incentives have shown to be effective in your country to support workers, employers and general practitioners to encourage a rapid return to work from sick leave?*
- *What could be done to better identify and address mental health problems of jobseekers to increase their prospects of finding a new job quickly?*
- **Theme 2: Improving workability: Preventing disability and labour market exclusion**
- *What are the major difficulties you encounter in activating claimants with mental illness on disability benefits?*
- *How can we engage vulnerable youth to address their employment and health needs early on?*

Employers, line managers, employment service caseworkers and occupational health professionals are key players in shaping employment paths of people with poor mental health. However, in practice many of these people, who should be in the front line of efforts to reduce the burden of mental ill-health on individuals and the economy, do not consider it their responsibility. They often lack the knowledge and experience to help people with signs of mental ill-health and even find it difficult to talk about mental health issues. Privacy and confidentiality concerns are important and need to be balanced against better policies and practices. Otherwise, workers and jobseekers with mental health problems run the risk of losing their job or not finding one for a long time.

Key facts

- *Seven in ten workers with mental ill health report that they underperform at work because of their health*
- *One in five employees with a mental health condition have felt under pressure to resign*
- *Seven in ten employees do not feel they can speak openly about mental health*
- *Only 20% of employers make use of psychologist services for their employees*

Mental illness is often not obvious, and its severity fluctuates over time. This makes it difficult for employers and line managers to support individuals suffering from common illnesses such as anxiety and depression. For instance, workers with mental illness underperform at the workplace creating large "invisible" costs for employers (Figure 2), in addition to time spent off work. A positive work environment, adjusted working conditions and appropriate support by, and for, employers can have a significant impact on productivity levels among employees experiencing mental illness. Things are starting to change for the better: regulations and legislation in more and more countries require employers to pay attention to their workers' psychosocial work environment. However, these regulations are very poorly enforced and monitored. Line managers and employment service case workers need the proper training to spot employees struggling in their work due to poor mental health, as well as clear guidelines and concrete tools to help them adapt their behaviours and expectations accordingly.

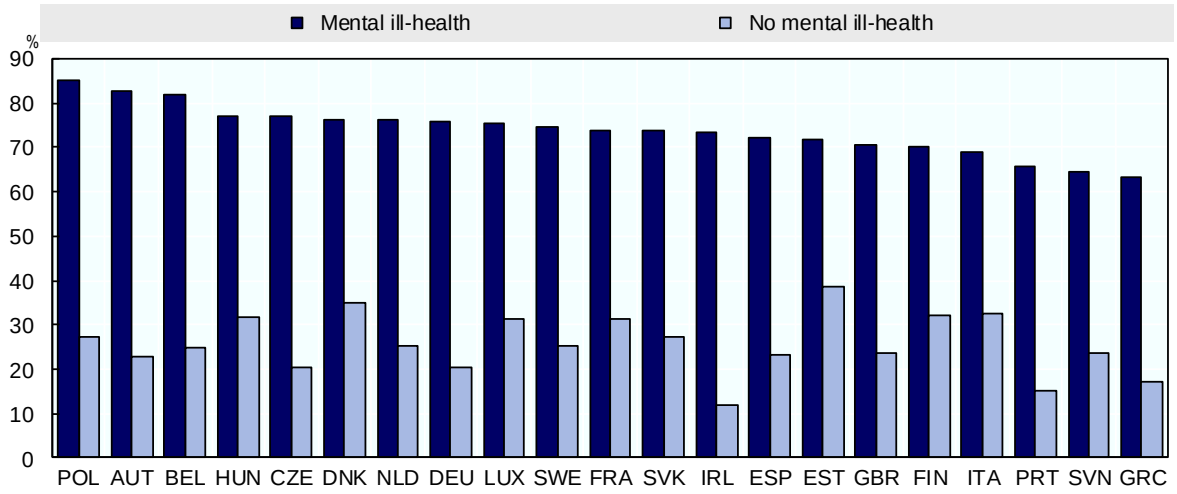
Line managers cannot be expected to deliver professional support, such as providing counselling to their employees. They can, however, help them to access adequate specialist services. Some employers provide access to occupational doctors, who are often better placed to prevent workers from leaving the labour market permanently and moving onto long-term sickness and disability benefits than those in the general health system. However, the mental health competence of occupational doctors is generally limited, and addressing mental health-related work problems is a relatively new field. Having access to professional support is particularly a challenge for smaller enterprises where insufficient knowledge and resources mean that they can devote few resources to support services. This gap can potentially be filled by a bigger role for work councils and trade unions in those companies, in co-operation with the employer and with the support of public resources.

Similarly, employment service caseworkers also often fail to detect mental health problems. The result is high fiscal costs due to increased spending on sickness and disability benefits. A handful of OECD countries have some psychological expertise available at employment services, though generally not enough for caseworkers to get help quickly.

Mental ill-health is stigmatised. As a result, workers do not want to admit they have a problem, and employers do not want to raise it as an issue. Negative attitudes and beliefs towards people with mental health problems by both employers and co-workers continue to be one of the barriers to people having satisfying personal and working lives. Workers with mental health problems are more likely to have difficulties keeping their job and are less likely to get a promotion. Awareness of the adverse consequences of mental health problems has increased over time but there is still a long way to go to break down the wall of silence surrounding the issue and create genuine change.

Figure 2. ***Workers suffering from mental ill-health are less productive***

Percentage of workers who have not taken sick leave in the previous four weeks but report reduced productivity due to a health problem, by mental health status (2010)



Source: OECD (2015), *Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work.*

This working lunch discussion will bring in the perspective of those who must deal with mental health problems in the workplace on a daily basis.

Invited speakers for the lunch panel

- **Ms. Sophie Corlett** is the Policy Director of Mind, one of the leading mental health charities in England and Wales, responsible for the nationwide campaign *Time to Change* in England.
- **Mr. Ulrich Birner** is Head of the Department for Psychosocial Health and Wellbeing, Human Resources at Siemens. His main focus lies on the measures used for ensuring psychosocial wellbeing and mental performance capability of the employees and managers at Siemens.
- **Ms. Monique Loo** is an occupational physician from the Netherlands. She has been involved in the development of several Dutch guidelines for health professionals on supporting workers with mental health problems.
- **Ms. Eva Höltl** is an Occupational Doctor and the Head of the Health Centre at Erste Bank, Austria's largest bank.
- **Mr. Stephen Bevan** is the Director of the Centre for Workforce Effectiveness at the Work Foundation and an Honorary Professor at Lancaster University.

Being in work can be a key part of successful recovery from mental health problems. Work contributes to a daily routine, prevents social isolation and boosts people's self-esteem by being able to contribute to society. The evidence that work contributes to good mental health is strong (Figure 3). It is also not in our economic best interests to treat poor mental health only as something for the health system to deal with. In fact, the costs of lost employment, reduced productivity and welfare benefits due to mental ill-health together are higher than the amount we currently spend on mental health care for people of working age.

Despite this evidence, in most OECD countries, employment support is not part of mental health treatment. Worse still, many employment services postpone activation measures for people with mental health problems until they are "cured". Only a few countries have started experimenting with better connecting mental health and employment supports.

Key facts

- *More than half of the costs for mental ill-health are borne by the labour market and the welfare system*
- *Unemployment worsens mental health and reemployment improves mental health*
- *Treatment outcomes are better and treatment duration shorter when patients are in work*
- *Treatment alone does not improve work outcome unless it is combined with employment support*

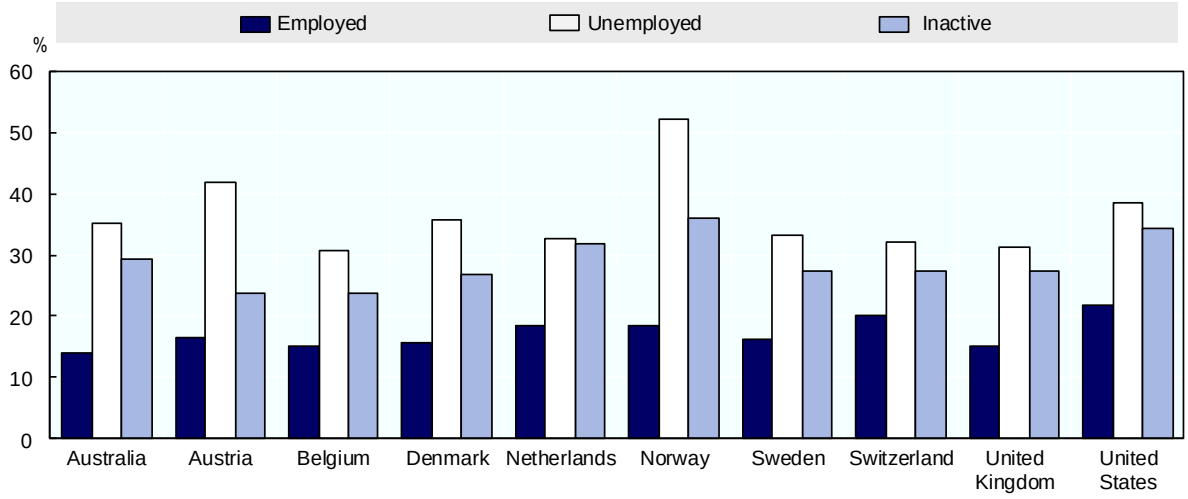
It is easier to say that mental health and employment services should work together than to make it happen. A necessary first step is to ensure that health and employment services recognise the need to collaborate to realise good, sustainable treatment and employment outcomes among their clients with poor mental health.

Collaboration will give rise to the question of who pays for delivering integrated services and who will reap the benefits. In the majority of OECD countries, the mental health and employment sector operate under different government authorities and are funded through different financing systems. Yet more effective mental health care will help boost employability, making the tasks of employment services easier. Equally, helping people with poor mental health find a suitable job can help in stabilising or improving their mental health, so reducing the amount of therapy, counselling or pharmaceuticals that the health system must provide. If it were possible to measure outcomes across the various systems better, it would be easier to devote more resources to where they are most effective. A much greater effort to measure mental health and employment outcomes and to evaluate programmes is required.

If we want general practitioners, psychologists, employment advisors, occupational physicians and employers to work together better so that we spend resources on those interventions which are most effective, then we have to look at their incentives to co-operate. For example, health care providers will not necessarily invest in work-focused treatment if their quality of care is not assessed in terms of a patient's employment outcomes. Paying them more if they provide such work-focused treatment, on the other hand, could push them in the right direction.

Figure 3. ***Mental ill-health is much more prevalent among the unemployed than the employed***

Prevalence of severe or moderate mental ill-health by labour force status, latest available year



Note: "Inactive" refers to all persons who are not classified as employed or unemployed.

Source: OECD (2012), *Sick on the Job? Myths and Realities about Mental Health and Work*.

This session will offer participants the opportunity to share their experiences in organising integrated mental health and employment services.

Questions for discussion

- **Theme 1: Integrated health and employment services: Why is it important and what is being done?**
- *What is your country doing to integrate health and employment services?*
- *What are your successes and what are the lessons worth sharing?*
- **Theme 2: Getting incentives right: Shared outcomes, monitoring and gains**
- *How to turn integrated health and employment services into a win-win situation for all stakeholders?*
- *How can incentives and monitoring systems be better aligned?*